

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 4 1

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See attached

9. PAGE NUMBER OF THE SUPERSEDES
PLAN SECTION OR
ATTACHMENT (If Applicable):

See attached

10. SUBJECT OF AMENDMENT: Cooperative Interagency Agreements between the Department of Social Services, Division of Medical Services and the attached School Districts, for the provision of Early Periodic Screening Diagnosis and Treatment (EPSDT) Administrative Case Management

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED: December 21, 2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-28-01

18. DATE APPROVED:

MAR 14 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO
BSG/DIATA

SPA CONTROL
Date Submitted: 12-21-01
Date Received: 12-28-01

Transmittal 01-41

Dora R-III School District
Poplar Bluff R-I School District

COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
The School District

EPSDT ADMINISTRATIVE CASE MANAGEMENT through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and **the School District**, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by **the School District** has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the **School District**.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the **School District** has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the **School District** in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the **School District** for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the **School District** as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the **School District** enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the **School District's** boundaries and which are currently included in the Title XIX State Plan.

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I
MUTUAL OBJECTIVES

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.
8. Administrative claims under this agreement shall not duplicate other claims for Medicaid services or administrative activities.

II
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the **School District** the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR

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432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide **the School District** access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the **School District**.
4. Provide initial training and technical assistance to staff of the **School District** regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating school districts on an annual basis.
6. Provide necessary consultation to the **School District** on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The School District agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The **School District** shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.
 - a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.
 - b. Outreach Activities:

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- (1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSTD program;
- (2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSTD services for children under the age of 21; and
- (3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

c. Coordination of HCY/EPSTD Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSTD/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSTD screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);
- (2) identifying and providing assistance for medically necessary and educationally relevant services re-

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quired as the result of any regular, interperiodic, or partial EPSDT/HCY screen;

- (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in the development and periodic review of the of the IEP or ISFP;
- (4) coordinating the closure of the case, referral to any services, and realignment of the case plan (IEP or ISFP);
- (5) assisting children and families in accessing immunization services and scheduling appointments;
- (6) arranging and coordinating prenatal, post-partum, and newborn medical services, making referrals to providers of targeted prenatal case management;
- (7) arranging and coordinating dietary counseling or medical services for children with medical needs including, but not limited to, gross obesity, diabetes, anorexia, or bulimia; and
- (8) arranging for and coordinating transportation for children and families to obtain medical screenings and services.

e. Anticipatory guidance to caretakers relating to specific medical needs of a child.

2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are

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deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the **School District**.

7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
10. Submit claims on a quarterly basis.

**III
PROGRAM DESCRIPTION**

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

**IV
PROGRAM EVALUATION PLAN**

The FIELD(School District) will develop a written plan to evaluate the district's success toward the goals of this agreement. This plan shall be kept on file at the school district and will be updated by the district on an annual basis.

**V
TERMS OF THIS AGREEMENT**

The period of this Cooperative Agreement shall be from **Effective Date**, through **End Date**. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be

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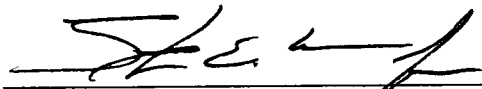
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canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Dana Katherine Martin, Director
Department of Social Services

12-21-01

Date

Name of Superintendent
Name of School District

Date

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Supersedes TN No. TN #

Approval Date MAR 14 2002

Effective Date MAR 14 2002